

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								Application Number <i>09/771660</i>	Filing Date		
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend			
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Total	<i>2</i>										
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Total Depend	<i>24</i>										
Total Claims	<i>26</i>										

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